

UTAH MEDICAID NURSING FACILITY
State Fiscal Year 2009
QUALITY IMPROVEMENT INCENTIVE (1) APPLICATION
Rule R414-504-4

This form and all supporting documentation must be received on or before June 8, 2009

Facility Name: _____

Medicaid Provider I.D. _____ Administrator: _____

Please mark all that are complete:

- ☐ This facility received no violations that are at the "immediate jeopardy" level, as determined by the Department, at the most recent re-certification survey and during the incentive period.
- ☐ This facility received no violations that are a Substandard Quality of Care level F, H, I, J, K, or L, as determined by the Department, during the incentive period.
- ☐ This Facility has implemented a meaningful Quality Improvement plan which includes the involvement of residents and family. 50% weighting
(A brief description of our Quality Improvement Plan is attached.)
- ☐ This facility has a demonstrated process by which our Quality Improvement plan is assessed and measured.
(A brief report describing this process including an example demonstrating how the facility assessed, responded to and re-evaluated a clinical quality concern, is attached.)
- ☐ This facility had **customer** satisfaction surveys conducted by an independent third-party entity in each quarter of the incentive period. The following information is attached:
- ☐ Name and brief description of the third-party entity performing the quarterly survey.
- ☐ Brief description of
- the survey questions,
 - who is surveyed,
 - when the surveys are done, and
 - how this facility uses the survey results to improve operations / customer satisfaction.
- ☐ July, August or September 2008 survey results summary (e.g., a graph, etc.)
- ☐ October, November or December 2008 survey results summary (e.g., a graph, etc.)
- ☐ January, February or March 2009 survey results summary (e.g., a graph, etc.)
- ☐ April, May or June 2009 survey results summary (e.g., a graph, etc.)
- ☐ This facility embraces and has implemented a Culture Change. 25% weighting
- ☐ This facility has a plan for Culture Change. *(A brief description of our Culture Change Plan is attached.)*
- ☐ This facility has implemented Culture Change. *(A brief example of how our facility has implemented Culture Change is attached.)*
- ☐ This facility has implemented an employee satisfaction program. *(A brief description of our employee satisfaction program is attached including a brief example of how employees have benefited from the program.)* 25% weighting

Please ensure that the attached documents do not exceed a total of 12 pages.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify.